

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice)						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1 OF	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302 and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.									
1. CONTRACT/PURCH ORDER NO N68939-97-D-0040		2. DELIVERY ORDER NO See DFAR 204.7004(d)(2)(i) for instructions.		3. DATE OF ORDER		4. REQUISITION PURCH REQUEST NO Appropriate requisition number from requesting activity.		5. PRIORITY As appropriate.	
6. ISSUED BY Address of Contracting Office issuing delivery order. Contract paragraph G5.1 authorizes warranted Contracting Officers whose warrant allows purchase of this type/dollar to issue orders.		CODE UIC/DODAAC		7. ADMINISTERED BY (If other than Item 6) DCMA VIRGINIA Code S2404A 10500 Battlevue Parkway, Suite 200 Manassas, VA 20109-2342		CODE S1103A		<input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR AVAYA Inc. Government Solutions Government Sales Attn: James Sheek 4250 North Fairfax Drive, Suite 1000 Arlington, VA 22203-1603		CODE 1RY87		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) IAW CONTRACT		SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS						12. DISCOUNT TERMS Net			
						13. MAIL INVOICES TO Insert address for submission of invoices.			
14. SHIP TO Contracting Office issuing order enter appropriate "ship to" information in this block.		CODE UIC/DODAAC		DFAS Columbus Center South Entitlement Operations P.O. Box 182264 Columbus OH 43218-2264		HQ0338		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER		DELIVERY xx		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
PURCHASE				Reference your QUOTE: 1#67913 dated 11/07/95 furnish the following on terms specified herein.					
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE Contracting Office issuing order enter appropriate accounting & appropriation data in this block.									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
0001	1010AA - 715BCS TERM WHITE 103002, Display terminal System Management Contracting Office issuing order may use continuation sheet if required.			I	EA	611.99	\$611.99		
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA		25. TOTAL		Enter Total \$ Amount	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. SHIP NO _____ <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. DO VOUCHER NO		29. DIFFERENCES	
						30. INITIALS			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
								34. CHECK NUMBER	
								35. BILL OF LADING NO	
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO			